

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See

PLAINTIFF Joseph D'Alessandro and Olga D'Alessandro and all alike citizens Pro-Se & Pro-Socia	COURT CASE NUMBER CASE #: 1:06-cv-00548-GMS
DEFENDANT Progressive Northern Insurance Company [a foreign corporation]	TYPE OF PROCESS SERVICE OF SUMMONS

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Progressive Northern Insurance Company [a foreign corporation]  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
6300 Wilson Mills Road Mayfield Village, OH 44143-2182

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Joseph D'Alessandro and Olga D'Alessandro and all alike citizens  
Pro-Se & Pro-Socia  
23136 Prince George Drive  
Angola Estates  
Lawrence Delaware 19958-0347

Number of process to be served with this Form 285	1
Number of parties to be served in this case	1
Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

302 945 1554

DATE

3/22/07

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 15 No.	District to Serve 600 No.	Signature of Authorized USMS Deputy or Clerk BF	Date 4-18-07
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

TERESA SHIVELY LEGAL ASST.

Address (complete only different than shown above)

<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Date 4/23/2007	Time 09:41 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy M. B. [Signature] (M-1145)	

Service Fee 90.00	Total Mileage Charges including endeavors 41.5 miles	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 4-20-2007 RECEIVED

4-23-2007 SERVED ON TERESA SHIVELY LEGAL ASST.

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00